AMENDED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMENDED $61.25

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP -2 AM 8:00

500022929805
09/10/03--01044--026 **96.25

DOCUMENT # P95000017911

1. Entity Name
MARINO CAR WASH, INC.

Principal Place of Business	Mailing Address
1601 S.W. 27TH AVENUE MIAMI FL 33145	1601 S.W. 27TH AVENUE MIAMI FL 33145

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES MRD

4. FEI Number 65-0597851 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, GREGORIO M
8897 FONTAINEBLEAU BLVD.
APT. 203
MIAMI FL

7. Name and Address of New Registered Agent

Name CONTRERAS, ENRIQUE
Street Address (P.O. Box Number is Not Acceptable)
133 Paloma Drive
City Coral Gables FL Zip Code 33143

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE X [signature] 08/28/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GONZALES, GREGORIO M 1601 S.W. 27TH AVE. MIAMI FL 33145 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTSD CONTRERAS, ENRIQUE 133 Paloma Drive Coral Gables, FL 33143 ☒ Change ☐ Addition
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CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] 08/28/2003 (305) 856 0518
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Enrique Contreras Date Daytime Phone #